



**TOWN OF DOUGLAS  
BOARD OF HEALTH  
29 DEPOT STREET  
DOUGLAS, MA 01516**

508-476-4000 Ext. 352  
[mbacon@douglasma.org](mailto:mbacon@douglasma.org)

508-476-0023 FAX  
508-476-1619 TTY

**APPLICATION FOR A ONE-DAY FOOD SERVICE PERMIT FOR OCTOBERFEST**

DATE: \_\_\_\_\_ FEE: \$25.00 (Payable to The Town of Douglas)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

DO YOU HAVE A MOBILE UNIT: \_\_\_\_\_

WHO IN YOUR ORGANIZATION HOLDS THE SERVS SAFE CERTIFICATION?

\_\_\_\_\_

A COPY OF THIS CERTIFICATION MUST BE SUBMITTED WITH THIS APPLICATION AND THAT PERSON MUST BE ON SITE FOR THE FOOD PREPARATION AND DURING THE TIME THE FOOD IS BEING SERVED. (The Board of Health will determine if this certification is necessary).

HOW IS THIS FOOD TO BE PREPARED? \_\_\_\_\_

WHERE WILL THE FOOD BE PREPARED? \_\_\_\_\_

HAS THIS SITE BEEN APPROVED BY THE BOARD OF HEALTH? \_\_\_\_\_

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PLEASE LIST THE ITEMS YOU ARE SELLING AND A DESCRIPTION OF THE MEANS OF PREPARATION. PLEASE INCLUDE HOW ITEMS WILL BE KEPT HOT/COLD. WILL DISPOSABLE PAPER GOODS BE USED FOR SERVING? Be as detailed as possible.

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\_\_\_\_\_  
Signature of Applicant

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for Town of Douglas use only

Date approved by the Octoberfest Committee: \_\_\_\_\_

\_\_\_\_\_  
Octoberfest Committee Authorized Signature

REVISED 6/1/10 for Octoberfest